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Patent

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 09/909,490

Applicant: Tamir Tassa

Filed: July 19, 2001

Art Unit: 2613

Examiner: Le, Vu

Docket No.: 5079P013

Confirmation No.: 2330

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on October 18, 2004
Date of Deposit

Carrie Boccaccini
Name of Person Mailing Correspondence

[Signature] 10/18/2004
Signature Date

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AND RESPONSE

Sir:

In response to the Office Action of July 19, 2004, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Argument begin on page 9.



2613
41

TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application No.	09/909,490
		Filing Date	July 19, 2004
		First Named Inventor	Tamir Tassa
		Art Unit	2613
		Examiner Name	Le, Vu
Total Number of Pages in This Submission	13	Attorney Docket Number	5079P013

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ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> PTO/SB/08		
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Basic Filing Fee		
<input type="checkbox"/> Declaration/POA		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Elena B. Dreszer, Reg. No. 55,128 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	10-18-04

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Date	October 18, 2004